

FOOD ESTABLISHMENT WATER & ON-SITE SEWAGE SYSTEM APPROVAL

*Food Establishment applications will not be reviewed without prior water/on-site system approval. Please allow up to 14 days for sanitarian analysis and comment Food Establishment Name: _____ Applicant Name: _____ Site Address: Phone Number: Mailing Address: _____ Email: ____ Parcel Number: Name of Water System: Type of Water System: □Group B □2-Party ☐ Single Party □Group A As-Built (attach copy): Estimated Water Use (gal/day): # of Employees/shift: Seating Capacity: Type of dishwashing: □manual □mechanical Existing uses: Proposed Food Establishment activity (include sample menu): **Water System Approval On-Site Sewage System Approval** Comments/Requirements: Comments/Requirements: Water Program Specialist Signature & Date On-Site Sewage Specialist Signature & Date